

Doc Code:

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$1,240.00****Complete if Known**

Application Number 10/673,994  
 Filing Date September 29, 2003  
 First Named Inventor Hikari KAWATA et al.  
 Examiner Name Karin Reichele  
 Art Unit 3761  
 Attorney Docket No. 121027-0200

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**AUG 1 2006**

**METHOD OF PAYMENT (check all that apply)**

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☒ Deposit Deposit Account Number: 12-2136 Deposit Account Name: Butzel Long

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

**Total Claims** - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ \$50.00 = \$0.00  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ \$200.00 = \$0.00  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = \_\_\_\_\_ / 50 \_\_\_\_\_ (round up to a whole) x \$250.00 = \$0.00

**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)

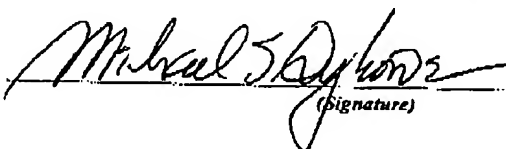
Other (e.g., late filing surcharge): Request for Continued Examination and Two Month Extension of Time

**\$1,240.00****SUBMITTED BY**

Signature *Michael S. Gzybowski* Registration No. 32,816 Telephone 734-995-3110  
 Name (Print/Type) Michael S. Gzybowski Date August 21, 2006

This collection of information is required by 37 CFR 1.186. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 121027-0200	
Applicant(s): Hikari KAWATA et al.				
Application No. 10/673,994	Filing Date September 29, 2003	Examiner Karin Reichle	Group Art Unit 3761	
Invention: URINE GUIDING ARTICLE AND USE OF THE SAME				
<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>AUG 21 2006</b>				
I hereby certify that this <u>Amdt. Amdt. Transmission, RCE, Extension of Time and Fee Transmittal</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u> ) on <u>August 21, 2006</u> (Date)				
Michael S. Gzybowski (Typed or Printed Name of Person Signing Certificate)				
 (Signature)				
Note: Each paper must have its own certificate of mailing.				

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**Applicant(s): **Hikara KAWATA et al.**

Docket No.

**121027-0200**

Application No.

**10/673,994**

Filing Date

**September 29, 2003**

Examiner

**Karin Rechle**

Customer No.

**35684**

Group Art Unit

**3761**

Confirmation No.

**2814**

Invention:

**URINE GUIDING ARTICLE AND USE OF THE SAME****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **12-2136**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
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*Michael S. Gzybowski*  
Signature

Michael S. Gzybowski

\*\*\*\* Filed via facsimile transmission

Dated: August 21, 2006

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

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